

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | BH | 70385 | |
| O.I.P.E. CLASSIFIER | | 16- | 9-8-99 |
| FORMALITY REVIEW | | 71433 | 9/13/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 : Restricted O Objected

| Claim | Date |
|----------|-------------|
| Final | 12 4 5 11 |
| Original | 28 23 10 18 |
| 50 | 01 03 02 |
| 51 | ✓ |
| 52 | ✓ |
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| 66 | |
| 67 | ✓ |
| 68 | 0 |
| 69 | ✓ |
| 70 | ✓ |
| 71 | 0 |
| 72 | ✓ |
| 73 | 11 |
| 74 | 1 |
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| 50 | ✓ |

| Claim | Date |
|----------|------|
| Final | 11 |
| Original | 18 |
| 51 | ✓ |
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| 66 | |
| 67 | ✓ |
| 68 | 0 |
| 69 | ✓ |
| 70 | ✓ |
| 71 | 0 |
| 72 | ✓ |
| 73 | 11 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)